WASTE MANIFEST	C A D O 8 6 5	•Docu	anifestuc ment No.	2!Pag	ge 1 Informat is not law.	ion in th require	ne shaded area ed by Federa			
 Generator's Name and Mailing Add Generator's Phone (533–6677 	dress Douglas Air 190th & Nor Torrance, C	mandie		8. B.Sta	te Manifest Do 482765 te Generator's) <u>7</u> ID	t Number			
 Transporter 1 Company Name J. C. Liquid Waste Dis Transporter 2 Company Name 	6. posa1 <u> C A</u> 8. -	US EPA ID Num D 0 5 8 0 1 8 US EPA ID Num	3 6 7	D.Tra E.Sta F.Tra	te Transporter' nsporter's Pho te Transporter' nsporter's Pho	ne s 161	5416. 3 263-313			
Designated Facility Name and Site Address 10. US EPA ID Number CASMALIA P.O. Box E NTU Road Casmalia, Ca 93429 CABO 2:0:7:48125					G.State Facility's ID A TO THE FACILITY'S Phone					
11. US DOT Description (Including Prope	er Shipping Name, Hazard		12 Cont		13. Total Quantity	14. Unit Wt/Vol	l. Waste No			
^{a.} Waste Sodium Hydroxide	Solution - Corr	osive UN1824	001	TT	-3000	G	121			
b.				·						
c. *		4			• • •					
d.				·	-T • • • • • • • • • • • • • • • • • • •					
J. Additional Descriptions for Mate Sodium Hydroxide Water	rials Listed Above 5% 95%			K.Har	ndling Codes fo	r Wast	es Listed Ab			
	i Additional Information	Guide #60			161					
15. Special Handling Instructions and			urns t	o sk	in & eyes					
15. Special Handling Instructions and Use gloves, goggles, r	espirator - May									
Use gloves, goggles, r	reby declare that the cont are classified, packed, ma	rked, and labeled, and a	are in all re	espects	in proper condi	bed tion				
Use gloves, goggles, r 16. GENERATOR'S CERTIFICATION: I he above by proper shipping name and	reby declare that the cont are classified, packed, ma	rked, and labeled, and a nal and national gover Signature	are in all re	espects	in proper condi	tion	Date Month Day O.6 0.9			
16. GENERATOR'S CERTIFICATION: I he above by proper shipping name and for transport by highway according Printed/Typed Name	reby declare that the cont are classified, packed, ma g to applicable internatio sb	rked, and labeled, and a nal and national gover Signature	are in all re	espects	in proper condi	tion	Month Day			
Use gloves, goggles, r 16. GENERATOR'S CERTIFICATION: I he above by proper shipping name and for transport by highway according Printed/Typed Name Donald C. Gerber 17. Transporter 1 Acknowledgement	reby declare that the contare classified, packed, mag to applicable internations but of Receipt of Materials	rked, and labeled, and a nal and national gover Signature Sign	are in all re	espects	in proper condi	tion	Month Day O.6 0.9 Date			

21721 - Caroxic Substances Control Division Sacramento, California

ease print or type. (Form designed for use on elite (12-pito	ch) typewriter.)				Sa	cramento, Calif
UNIFORM HAZARDOUS 1. Gene WASTE MANIFEST C A D	erator's US EPA ID No. N	fanifest ument N	2. P	lis not	ation in th require	ne shaded area d by Federa
190	glas Aircraft Co. th & Normandie rance, CA 90502			ate Manifest L 48276 ate Generator's	57	t Number
5. Transporter 1 Company Name J. C. Liquid Waste Disposal 7. Transporter 2 Company Name	6. US EPA ID Nun C A D O 5 8 0 1 8 8. US EPA ID Nun	3 6 7	7. D.Tra E.Sta	ate Transporte ansporter's Ph ate Transporte	one r's 613	<u> </u>
9. Designated Facility Name and Site Address CASMALIA P.O. Box E NTU Road Casmalia, Ca 93429	10. US EPA ID Nun	· ·	G.Sta	insporter's Pho ate Facility's II		
11. US DOT Description (Including Proper Shipping Na	p. 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (12.Con No.	tainers Type	13. Total Quantity	14. Unit	I. Waste No.
^{a.} Waste Sodium Hydroxide Solution	- Corrosive UN1824	001	TT	2m mn	Wt/Vol	121
b.						
C.						
d.			·	• • •		
Sodium Hydroxide 5% 95% 95% 95% 95% 95% 95% 95% 95% 95%	And Ac acn	rns to	ski	n & eyes		
16. GENERATOR'S CERTIFICATION: I hereby declare the above by proper shipping name and are classified, p for transport by highway according to applicable					oed ion	
Printed/Typed Name Bonald C. Gerber	sb Signature				M	Date onth Day Ye
7. Transporter 1 Acknowledgement of Receipt of Printed/Typed Name C. B. Fransporter 2 Acknowledgement of Receipt of	Signature		Market Control	<u> </u>		Date Onth Day Yes
Printed/Typed Name	Signature				Mo	Date onth Day Yea ·
9. Discrepancy Indication Space						
0. Facility Owner or Operator: Certification of receipt Item 19.	of hazardous materials covered by	this mar	nifest e	xcept as noted	in	-
Printed/Typed Name	Signature				Mo	Date Inth Day Yea